

# School Leadership Call 10/07/09

# **General Updates**

- 1. We'd like to welcome newcomers to the call, including a number of independent schools.
- 2. Notes for the Superintendent/School Leadership call will be posted on the Department of Health website the day following the call and disseminated by the Rhode Island Department of Education as part of the Commissioner's Field Notes for the week.
- 3. We encourage you to submit questions in advance to Rosemary Reilly-Chammat at the Department of Health so that we can make these calls as valuable to you as possible. Rosemary's email address is Rosemary.Reilly-Chammat@health.ri.gov

#### **General Overview**

- □ For the benefit of newcomers to the call, we would like to summarize the current plan to vaccinate children between the ages of 5 and 18 in school-based clinics.
- □ The H1N1 School Vaccination Campaign is a partnership between the Department of Health, the Department of Elementary and Secondary Education, the Wellness Company, the state's Medical Reserve Corps and the schools of our state.
- □ Generally our plan is to vaccinate elementary school children in clinics held in the evenings so that parents or guardians can be present and to vaccinate middle and high school students during the school day. This is a general approach, since not all schools will fit nicely into this kind of categorization (for example K-8 schools).
- □ Individual schools will host a school-based vaccine clinic, and the Medical Reserve Corps will staff the clinics with one or more vaccination teams depending on the number of children to be vaccinated.

# Where are we now?

#### **Vaccine Dispatch and Distribution**

- □ As we mentioned in last week's call, much of our planning and scheduling for vaccine clinics is dependent on the amount and presentation of vaccine we receive from CDC and their distribution company.
- □ Vaccine will be distributed first to pregnant women and children either through providers or in schools, for school aged children.

- ☐ This week the state will receive about 7,000 doses of flu mist which we will be distributing to pediatricians for 2-5 year olds.
- □ We expect regular releases of vaccine weekly from now on. Vaccine will not be coming in large quantities and will be in different presentations, not all of which is suitable for all populations.
- We will be vaccinating children in school clinics using multi-dose vials of vaccine that will be administered via injection. We expect to be able to order sometime in the third week of October for delivery at the end of October or the beginning of November.

# When will the School Clinics start?

## **School Clinics Scheduling**

- □ As we mentioned last week, we will be developing a generic school clinic schedule so that your schools and districts can begin planning for the H1N1 Vaccination Campaign.
- □ Last week, we talked about a generic weekly schedule given that it is likely that our Campaign will be underway during Thanksgiving week, we have decided instead to switch to a Generic Vaccine Day Schedule.
- □ We are planning that the Campaign will take 25 school days. Our schedule will run from Day 1 to Day 25. In the event that we have to suspend the Campaign for the Thanksgiving Holiday, we will stop the calendar and begin the next vaccination day the week after Thanksgiving.
- □ We are trying to finalize the draft schedule this week and hope to have a copy out to the Superintendents, school leadership, and principals by next week for review

#### **Scheduling Parameters**

- □ Developing the draft schedule has been a fairly complicated task we are working with 426 schools, both public and private, of varying sizes.
- To develop the schedule, we needed to take into account the projected amount of vaccine that would be available each week and balance that with the availability of the Medical Reserve Corps teams.
- ☐ In addition, we set the following guidelines for the schedule:
  - o Be in all parts of the state in the first week
  - Ensure a balanced mix of schools public, private, rural, urban, large, small and so on each day and throughout the campaign
- □ To develop our first draft, we applied the "Monte Carlo" principle and generated the schedule with a randomizing program; then we moved around a handful of schools to make sure we met the tests above.

#### **The Draft Schedule**

- □ A small team of Health, RIDE and DCYF staff will be meeting this week to review the draft schedule one more time before we distribute it to you for review.
- □ We are currently planning to distribute this draft schedule to you next week along with a contact name with whom you will be able to work through questions and issues.
- □ We hope to have a "final but flexible" school clinic schedule by Tuesday, October 20<sup>th</sup>.

# What will a School Based Clinic look like?

- ☐ Individual schools will play host to the School Based Clinic. Each school will have an administrative coordinator to help with pre-clinic activities, such as identifying a room and collecting consent forms. More information follows below.
- □ The Medical Reserve Corps will staff School Clinics with Vaccine Teams. A Vaccine Team is made up of one administrative person to check in students and match them to their consent forms; one vaccinator to administer the shot; and one EMT to observe students afterward for any adverse reaction. Number and size of teams will vary by the size of the school clinic.
- ☐ The Medical Reserve Corps Team will be responsible for transporting vaccine and other medical supplies and medical waste to and from the

# What are the next steps?

#### Communication

- □ Master Contact List: we're sorry for the late distribution of the letter requesting contact information we ran into some technical issues that we think we've now solved. Earlier this week, you should have received a request for information to be used to compile a Master Contact List. We would very much appreciate if you could get us this information no later than Friday, October 9<sup>th</sup>.
- ☐ If you did not receive a letter, please contact Rosemary Reilly-Chammat via email. Her address will be part of the notes which you will find on the website.
- □ We really need to finalize the contact list so that we can distribute the draft school schedule next week.

#### Parent/Guardian Mailing and Consent Forms

- □ We hope to have the Consent Form finalized in English and Spanish this week. We are planning to mail the Consent Forms directly to families in a packet that will also include information about the school clinics and an information sheet about the H1N1 vaccine.
- □ We are currently still missing about 40,000 student names and addresses, primarily from independent schools. Staff has been following up on these.
- □ We will be asking schools that do not send us the names and addresses to distribute packets directly to students we will be working on a plan for this, though we are really hoping to have a complete mailing list by the end of this week
- □ We are planning to mail this information to parents and guardians next week.

#### **Other issues**

- □ Reminder: the Wellness Company sent out to the schools a survey requesting information about school sites and also requesting the name of an administrative lead for each school
- □ We are planning to hold training for the school administrative leads to review the school clinic kits we discussed last week and to help prepare for the start of the school based H1N1 Vaccination Campaign; we should have more information at the next call.

# **Review of key dates**:

October 9	Contact Information for Superintendents and their H1N1 designee due to the Department of Health
October 13	Send out Draft Clinic Schedule
October 14	Next Superintendent/School Leadership call
October 13 -19	The RIDE/HEALTH Scheduling Team to work with schools to finalize the Schedule
October 20	Final but Flexible School Clinic Schedule

# Questions since last week:

Q: In regards to the consent forms at the secondary level; may students bring the consent form the day of the clinic or will we be required to get a count ahead of time.

A: They may bring consent forms on the day of the clinic, though we are strongly encouraging that they do so in advance so we can better predict the amount of vaccine to deliver to the clinic.

Q: Chariho Middle School houses students in grades five through eight. Will the fifth grade students be handled as elementary students (evening clinic) or middle level students (school day clinic)?

A: It is likely that Grades 5 to 8 will be handled as a middle school. The idea behind evening clinics for elementary schools was based on the experience of the vaccinator community that younger children did better having a parent or guardian with them.